APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R2:

Number of CD Disks::

Number of Copies of CDs::

Number of Copies of CDS Sequence Submission?::

Computer Readable Form?::

Number of Copies of CRF::

Title**

Attorney Docket Number::

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::
Petition Included?::

Petition Type::

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent?::

371 National Stage

Utility

None

MEDICAL SUTURING TOOL

H-KN-00175 US

No No

Fig.3

No No

1

APPLICANT INFORMATION

Applicant Authority Type:: Inventor Primary Citizenship Country:: .IP Status: Full Capacity

Given Name:: Kazuhiro

Middle Name

Family Name:: ARF

Name Suffix:

City of Residence: Fukuroi-shi

State or Province of Residence: Shizukna

Country of Residence:: .IP

Street of Mailing Address:: 1217-1 Tomonaga City of Mailing Address:: Furkuroi-shi

State or Province of Mailing

Shizukoka Address.. IP

Country of Mailing Address:: Postal Code of Mailing Address:: 437-0004

Applicant Authority Type:: Inventor

Primary Citizenship Country: IP Status" Full Capacity

Given Name** Shigeaki Middle Name::

Family Name:: Funamura Name Suffix::

City of Residence:: Fukuroi-shi

State or Province of Residence:: Shizukoa Country of Residence::

Street of Mailing Address:: 1217-1 Tomonaga City of Mailing Address:: Fukuroi-shi

State or Province of Mailing Address** Shizukoa

Country of Mailing Address:: ID Postal Code of Mailing Address:: 437-0004

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 54964

REPRESENTATIVE INFORMATION 2 Representative Customer Number:: 54964

DOMESTIC PRIORITY INFORMATION				
APPLICATION:	CONTINUITY TYPE::	PARENT APPLICATION:	PARENT FILING DATE::	

FOREIGN PRIORITY INFORMATION				
COUNTRY::		APPLICATION NUMBER::	FILING DATE::	PRIORITY CLAIMED::

Switzerland

Fukurio shi

ASSIGNMENT INFORMATION

Assignee Name:: Sherwood Services AG Street of Mailing Address:: Postfach 1571, Bahnhofstrasse 29 City of Mailing Address:: Schaffhausen

State or Province of

Mailing Address:: Country of Mailing Address::

Postal or Zip Code of

Mailing Address:: CHL8201

Assignee Name:: Nippon Sherwood Medical Industries Street of Mailing Address::

1217-1 Tomonaga,

City of Mailing Address:: State or Province of

Mailing Address:: Shizuoka Country of Mailing Address:: Japan

Postal or Zip Code of

Mailing Address:: 437-0004

3